

**State of Nevada
Transportation Services Authority**

Application for Warehouse Permit

For a Warehouse Permit to engage in the permanent storage of household goods and effects under the provisions of Household Goods and Effects Storage Act: NRS 712.010.

In the matter of the application of _____

dba _____

Your CPCN number (for current household goods movers) _____

Please read the instructions carefully before preparing exhibits and attaching forms. When complete, file your original and 9 copies of this application along with the \$50.00 filing fee to:

**Transportation Services Authority
2290 South Jones Blvd., Suite 110
Las Vegas, NV 89146**

The following exhibits should be labeled and separated by tabs:

EXHIBIT A
Annual Report

EXHIBIT B
Income Statement

EXHIBIT C
Balance Sheet

EXHIBIT D
Insurance Coverage

EXHIBIT E
Copy of articles of incorporation **or** for sole proprietorships or partnerships, a copy of partnership agreement.

Revised 6/21/02

FORM # 1 Enter the name, title and address of the various officials of the corporation or owner or partners, and their interests.

If operating as an individual, name, address, and phone number of owner:

If a partnership, name, address and phone numbers of partners and attach a copy of the partnership agreement.

If a corporation, list the five largest shareholders, their addresses and percent of stock owned. Attach a copy of the articles of incorporation and corporate charter.

1.

2.

FORM # 1 Continued.

3.

4.

5.

If a corporation, list the names and addresses of each of the current officers.

President_____

Vice
President_____

FORM # 1 Continued

Secretary_____

Treasurer_____

General Manager_____

FORM # 2 Warehouse Statistics

Location of storage facilities:_____

Number of years in business in the State of Nevada:_____

Number of warehouse doors serviced by truck:_____

Square footage available for storage:_____

Type of fire protection available within storage facilities:_____

The days and hours warehouse will be open to the public:_____

Average number of warehouse employees:_____

Type of construction of storage facilities:_____

Briefly describe the security accorded the warehouse premises and the stored goods and effects:_____

OATH

STATE OF _____)

)

COUNTY OF _____)

I, _____, being duly sworn, state that he or she files this application as (indicate relationship to applicant, i.e.: owner, title as officer, etc.) _____; that, in such capacity, he is qualified and authorized to file and verify such application; that he or she has carefully examined all the statements and matters contained in the application; and that all such statements made and matters set forth therein are true and correct to the best of his knowledge, information, and belief. Affiant further states that the application is made in good faith, with the intention of presenting evidence in support thereof in every particular, if requested by the Transportation Services Authority.

Signature of Affiant

Subscribed and sworn to before me this
_____ day of _____, _____.

Notary Public

Signature of Attorney, if any

Mailing address of applicant:

Mailing address of attorney:

Phone: _____

Phone: _____

Fax: _____

Fax: _____